

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|-----------------------------------|--|------------------|
| 1 Date of Request: <u>27 May 05</u> | | 2 Serial/Patent # <u>10/518140</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input type="checkbox"/> | Filing | | \$ |
| <input type="checkbox"/> | Amendment | | \$ |
| <input type="checkbox"/> | Extension of Time | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input type="checkbox"/> | Petition | | \$ |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ <u>300.00</u> |
| <input checked="" type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | |
| | | \$ | |
| 8 TO BE REFUNDED BY: | | | |
| 10 REASON: | | Treasury Check | |
| <input checked="" type="checkbox"/> | Overpayment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | |
| <input type="checkbox"/> | Duplicate Payment | 9 50--1519 | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | |
| | | | |
| | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Francine Young</u> | | TITLE: <u>Paternal</u> | |
| SIGNATURE: _____ | | PHONE: _____ | |
| OFFICE: _____ | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: _____ | | DATE: _____ | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: